

KNOWING *you*



COMMUNITY HEALTH NETWORK

HAND IN HAND FOR YOUR HEALTH

School Health 101

Asthma, flu, backpacks – important issues for parents and children.

The school year has kicked into high gear, and with that comes a variety of stresses – meals on the go, heavy loads of homework, poor sleeping habits, and illnesses. Student health and safety needs to be a priority along with the educational experience.

Here are 10 ways to help ensure your child's overall health and wellness during the school year:

1. Provide the school nurse with an updated list of emergency contact names and numbers,



- and list them in the order they should be called.
2. Make sure the school has a copy of your child's medical conditions, allergies and approved medications.
3. If your child has any physical limitations, make sure to inform the school immediately.
4. Make sure your child has had all required immunization shots (hepatitis B, chicken pox, MMR booster, etc.).
5. Ask your physician if your child should have a flu shot.
6. Take your child to a vision specialist for screening.
7. Prevent back strain by making sure your child's

backpack weighs no more than 20 percent of the child's body weight.

8. Pack nutritious snacks (fruit, veggie sticks, etc.) for students who participate in after-school activities.
9. Watch for telltale signs of student stress such as frequent headaches, migraines, stomach problems and frequent sick days. Help your child cope with hectic schedules using daily planners, visualization techniques and time-management.
10. Make sure your child gets eight hours of sleep.

Included in this issue is our updated Medical Directory. Please pull out and save for future reference.

IN THIS ISSUE:

PAGE TWO: Immunization Can Prevent Cervical Cancer

PAGE THREE: Tonsils – Should They Stay or Should They Go

PAGES FOUR & FIVE: Learn the Facts on Depression and Attention Deficit

PAGE SIX: Breathe Easier with Asthma Awareness and Education

PAGE SEVEN: Lifestyle Choices and Diabetes

PAGE EIGHT: Training up to Prevent Sports Injuries



Shot or Not?

HPV vaccine for girls reduces the risk of cervical cancer.

Anyone who's ever seen teenagers drive or college students haphazardly stroll across a busy street knows that young people have what might charitably be described as a "misplaced sense of invulnerability." Indeed, their focus on the future often reaches only as far as making plans for spring break. That no-day-but-today thinking is one of the reasons the Centers for Disease Control (CDC) and Prevention and the FDA are recommending that females ages 9 to 26 years receive the new human papillomavirus vaccine, commonly known as HPV.

By immunizing girls long before they become sexually active, healthcare providers hope to prevent young adults from catching a potentially dangerous virus that can lie dormant for years, and which in turn may lead to cervical cancer somewhere down the line.

"It's been well received," said Vicki Martinek, an advanced practice nurse practitioner for CHN Women's Health and Resource Center. "I have a lot of high school and college

patients who come in and say, 'I want that shot.'"

That's an encouraging sign, at least as far as the CDC is concerned. In 2006, a government panel voted to recommend Gardasil, the first vaccine developed to protect against four HPV types that cause most cervical cancers and genital warts.

According to the CDC:

- Around 50 percent of sexually active people will

get HPV at some point, and it's most common in people in their late teens and early 20s. Anyone who is sexually active can get HPV, and it can be passed along without either partner realizing it.

- While HPV usually goes away on its own, in some cases it can persist, leading to pre-cancers and, ultimately, cancer.
- Estimates put the number of annual cervical cancer diagnoses at 9,700, with 3,700 women dying each year from the disease.

The HPV vaccine, which is administered in a series of three shots over a six-month period, has been shown to be nearly 100 percent effective against four varieties of the virus.

"It's controversial, but my opinion is definitely yes," said Martinek when asked if girls and women should get the vaccine. Martinek, who notes that her daughter was among the first in her office to receive the vaccine, says education is sometimes necessary to persuade reluctant parents to follow the CDC recommendations.

For more information on the HPV vaccine and other women's health issues, call the CHN Women's Health and Resource Center at 920-361-5725 or visit www.cdc.gov/std/hpv.



Tonsillitis and Strep (Oh My!)

Say "ah-ha" to sore throat symptoms.

Back when we were kids (not so long ago, really), doctors blamed sore throats on those pesky, inflamed tonsils. The common treatment for frequent bouts of tonsillitis or sore throats was to remove the main culprit.

According to MedicinNet.com, common sore throat causes include:

- Cold viruses or viruses that cause mononucleosis (mono) and the flu. Some viruses can also produce blisters in the mouth and throat.
- Breathing through the mouth; sleeping with your mouth open.

- Excessive sinus drainage (post nasal drip).
- Bacteria like Streptococcus (which causes strep throat).
- Antibiotics and some immune-compromising medications may cause "thrush" — a yeast infection of the throat.

Of course, sometimes chicken soup and rest isn't enough

to heal a sore throat. If your child has any of the following symptoms, call your family doctor immediately:

- Sore throat is accompanied by fever, swollen glands or white spots in the back of throat.
- Sore throat is not associated with other cold symptoms (runny nose; dry eyes; congestion).
- Sore throat lasts for more than a week.
- Sore throat associated with neck soreness or stiffness.

Tonsillectomy Technology

New technique puts parents (and kids) at ease.

While antibiotics offer a non-surgical treatment option for tonsillitis, your physician may recommend a tonsillectomy if your child experiences any of the following:

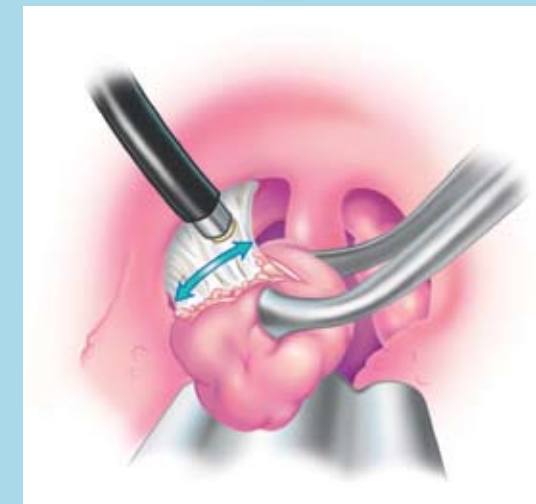
- Persistent or recurrent tonsillitis
- Frequent sore throats
- Recurrent throat infections
- Swollen tonsils obstruct breathing
- Difficulty swallowing
- Obstructive sleep apnea

Fortunately, parents can rest easier knowing Berlin Memorial Hospital offers a less painful surgical technique for removing tonsils and/or adenoids.

According to Ear, Nose and Throat Specialist, Dr. Chris Keller, "Coblation technology uses radio-frequency energy to more precisely remove obstructive tissues."

"Conventionally, removing tonsils involved using a high concentration of electricity and temperature," Keller said. "Pain and long recovery times were common with traditional procedures, but coblation provides a less painful option that doesn't require kids to be out of school for nearly as long as before."

Dr. Keller sees patients twice a week at CHN, on the Berlin Hospital campus. To schedule an appointment, call 1-800-435-4851.



UNDERSTANDING THE Ups AND Downs OF YOUR CHILD



“Children with unusual amounts of stress can also become depressed. Some of the major stressors include family sickness or death, a move to a new home or school, and regular hormonal changes that arise during puberty.”

Shawn Ekstrom, M.D.

More Than Moody

Understanding and treating childhood depression.

When people think of depression, they often picture brooding poets or sad musicians singing about lost love. At the very least, many people believe depression to be a problem that creeps up on adults who are overwhelmed by life's numerous challenges. But health professionals have long since recognized that children and young adults get depressed too... and it's not just a phase they can get through without help.

Parents and teachers should look for the following signs if they suspect depression:

- Poor appetite, weight loss, and a lack of enjoyment while at play in preschool-aged children.
- Lack of confidence; a feeling that they “can’t do anything right” in school-aged children.
- A general lack of interest in anything or anyone.
- Changes in appetite and sleep patterns (either sleeping and eating significantly more or less).
- Self-mutilating behaviors such as cutting or burns.

According to the AAFP, some children may only show subtle signs of depression, with symptoms that include frequent headaches or stomachaches, short temper, or disinterest in school. If parents or teachers notice these signs consistently over a span of several weeks, it might be an indication of a deeper problem.

“Some of the kids we see need counseling, while others require both counseling and antidepressants,” said Shawn Ekstrom, M.D., a CHN physician who has practiced in

Berlin for 10 years. “When kids are prescribed antidepressants, it is important that we follow their progress closely.”

Children with unusual amounts of stress can also become depressed. Some of the major stressors include family sickness or death, a move to a new home or school, and regular hormonal changes that arise during puberty.

If you're worried about your child's sudden mood change, you should consult your family physician immediately. Your doctor may recommend medical treatment or refer the patient to a child psychologist or therapist.

For more information on depression and other mood disorders, visit www.nimh.nih.gov.

Source: American Academy of Family Physicians

Concentration Frustration Is it disinterest or ADHD?

Almost any parent can tell you that kids —particularly boys— will get out of control from time to time. But when does normal excitable behavior cross the line into a diagnosable problem like attention deficit hyperactivity disorder (ADHD)? ADHD is a condition that affects concentration and ability to focus in both children and adults, which can affect a child's ability to learn, as well as relationships and behavior.

Research estimates 4 to 12 percent of schoolchildren are affected by ADHD, and boys are more likely than girls to suffer from the problem.

According to information available through the American Academy of Family Physicians, an **inattentive** child with ADHD will exhibit six or more of the following:

- Difficulty following instructions.
- Disorganization.
- Difficulty with tasks that require advanced planning.
- Not paying attention to details.
- Losing things required for school and home activities.
- Forgetfulness.
- Difficulty paying attention to school activities (work or play).
- Appearing not to listen.
- Distractibility.

In addition, a child with ADHD who is **hyperactive** or **impulsive** will exhibit six of the following symptoms:

- Fidgetiness.

- Inability to play quietly.
- Impulsively blurting answers.
- Interrupting people.
- Inability to stay in his or her seat.
- Running or climbing at inappropriate times.
- Excessive talking.
- Always being “on the go.”
- Difficulty in waiting for his or her turn.

Of course, when making an actual diagnosis of ADHD in your child, your pediatrician may have to rely on more than just your word. Information on your child's behavior will come from teachers, coaches and others adults who interact regularly with your child. In fact, your physician may provide you with ADHD checklists that you and your child's teacher can fill out.

While brain chemistry has an impact on ADHD, the American Academy of Family Physicians (AAFP) says it is not caused by too much sugar, food allergies, or a lack of vitamins; nor can



the condition be blamed on myths such as bad parenting, too much television or too many video games.

The AAFP stresses that a comprehensive effort by parents, teachers and doctors is needed to contend with a child who has ADHD. Medicine is an option, but more structure and clearer expectations can also help.

Parents should consider:

- Making a daily schedule.
- Setting simple house rules.
- Rewarding good behavior.
- Making sure children are supervised at all times.
- Setting a homework routine.
- Discussing behavior issues and solutions with teachers.
- Focusing on effort instead of grades.

For more information, visit the American Academy of Pediatrics at www.AAP.org.

Source: American Academy of Family Physicians



Performing a breathing test is Vicki Cross, APNP, at the CHN Medical Center in Wautoma, with Karolyn Ramey, a 12-year old who was diagnosed with asthma when she was 18 months old.

Breathe Easier

Caring for children with asthma.

While the effects of asthma can be frightening for anyone afflicted with this chronic medical condition, it can be especially hard on children, whose smaller airways can pose unique challenges for healthcare providers.

Asthma, broadly defined, is a condition that causes one's airways to become irritated and swollen. It's estimated that more than 5 million children in the United States have been diagnosed with asthma, a number that is growing—most likely because of increased awareness on the part of health professionals and the public. While awareness is growing, it's important that those entrusted with the care of children—teachers, daycare professionals, grandparents and babysitters—be educated about the warning signs of the condition.

“Parents and teachers should be especially aware of the signs and symptoms of asthma,

which include frequent wheezing (more than once a month), nighttime coughing without respiratory infection, coughing or wheezing brought on by activity, and shortness of breath,” said Vicki Cross, CHN advanced practice nurse practitioner.

“Once a child is diagnosed with asthma, he or she should have a ‘rescue inhaler’ available at all times. We don't recommend over-the-counter inhalers. Instead, ask your health care provider about prescription inhalers that are safer for your child.”

In addition, once a diagnosis of asthma is made, parents should remain diligent about

recognizing and avoiding triggers. “Treatment options for persons with asthma should emphasize the importance of asthma control,” said Cross. “Knowing what triggers their asthma, such as viral respiratory infections, tobacco or wood smoke, exercise, allergens, change in the weather, and laughing and crying, are vital in anticipating and preventing an attack.”

“Treatment not only includes avoidance of these triggers, but sometimes daily medications to prevent an attack. This may include antihistamines, allergy injections, and rescue and controller inhalers. Having a simple device for home use, called a peak flow meter, enables the child or parent to monitor their asthma.”

Finally, Cross recommends creating an “*asthma action plan*” to have on hand when a child's asthma has flared up. Parents, teachers, coaches and other caregivers should all have a copy of the plan. “It's important to have a plan for children who take daily asthma medications. At CHN, we're happy to work with parents to customize plans for their children,” Cross said.

The ABCs of Diabetes

What every parent should know.

It's an alarming, and growing statistic. According to the Surgeon General, nearly one-sixth of American children and teens are overweight—and these children are particularly at risk for type 2 diabetes.

“Type 1 diabetes is really only 5 percent of the diabetic population; the other 90 to 95 percent is all type 2, which is mostly related to lifestyle,” said Nancy Gimenez, diabetes educator for CHN. “With kids being less active and the prevalence of fast foods and poor diets, type 2 isn't just an adult disease, it's now affecting the elementary-school-aged kids.”

According to the NDEP, “Type 2 diabetes usually develops slowly and insidiously in children. A child or teen can feel very tired, thirsty, or nauseated and have to urinate frequently. Other symptoms may include weight loss, blurred vision, frequent infections, and slow healing of wounds or sores.”

Other signs parents should look for include high blood pressure and acanthosis nigricans, which is defined as a condition in which skin in the armpits or around the neck looks dark, thick, and feels velvety.

Common risk factors for children age 10 and above include being overweight, going through puberty, having family members with the disease, or belonging to a high-risk ethnic group (African American, Native American, Hispanic, and some people with Asian and Pacific Islander ethnicity).

There are plenty of easy adjustments parents can make to protect their children, according to Gimenez. “Adults should start by setting a good example to their kids. They need to be watching what they eat and cutting back on the fast foods as much as possible. Parents should try to include more natural foods at mealtimes. The less processed the food, the better off your entire family will be.”

Gimenez also emphasizes the need for limiting time kids are allowed to watch TV, surf the net or play inactive video games. Physical activity offers huge benefits.



CHN Cares

Educational Series

FREE Diabetes Support Group Information, ideas and help for type 1 and type 2 diabetics. Topics and guest speakers vary. Family members and caregivers welcome.

Second Thursday of each month
(7 pm – 8 pm)

Second Friday of each month
(1 pm – 2 pm)

Berlin Memorial Hospital
225 Memorial Drive

Limited seating – reserve space
by calling 920-361-6530.

As for kids who have already been diagnosed with type 2 diabetes, Gimenez recommends that parents partner with school officials to prevent health scares. “If your child has type 2 diabetes, it's important to sit down and discuss your concerns with the school nurse so everyone's on the same page.”

Dangers of the Fall

A game plan for treating sports injuries.

For many students, school means training and trying out for their favorite sports. No matter what the sport, your star athlete needs time to “train up” to reach peak form.

According to David Budde, DO at the CHN Medical Center EastRidge, parents and coaches should focus on preventing injuries and helping children avoid the “too-much-too-soon” syndrome. “The best way to do this,” said Dr. Budde, “is to keep a physical conditioning program going all year round.”

“Many injuries are the result of abrupt increases in activity level, so it’s important that young athletes warm up and cool down properly,” Dr. Budde advised. He also encourages maintaining appropriate muscle balance through stretching and weight training programs.

When injuries happen.

Sometimes injuries can’t be prevented, so you’ll need to know whether home treatment is enough, or a trip to the Emergency Department is necessary.

“The most common injuries vary with the inherent risks of each specific sport. Fortunately, most of these injuries are sprains, strains, contusions and muscle fatigue,” Budde said.

Minor injuries can be treated with **RICE** therapy at home. This helpful little acronym is defined as:

- **Rest.** Get off the field or court immediately (and give your body time to recover).
- **Ice.** Apply ice to the damaged area for 20 minutes at a time every four hours. (Cover with a cloth to avoid frostbite or skin irritation.)
- **Compression.** Wrap the affected part with an ACE bandage.
- **Elevation.** Use pillows to raise the affected area to heart level.

“During the first 24 – 48 hours, it’s critical for athletes to rest and avoid recurrent injury,” said Dr. Budde.

If the injury isn’t responding to RICE therapy within a few days, contact your family doctor for follow-up.



Dr. Budde provides follow up care with Jake Krause, a BHS Junior who broke his arm in a football game.

KNOWING you

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